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To: U	SPTO - Mail Stop A/F	From:	Jason D. Voight
Fax	(571) 273-8300	Pages:	3
Phone:	(571) 272-1000	Date:	November 30, 2005
Re: Attorn	ney Docket: 42044 Com	t. cc:	. ,
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• Comments:			
In re Application o	f: BRATZ, et al.		
Serial No.:	10/043,241		
Filing Date:	January 14, 2002		
Attachments:	NOTICE OF APPEA	L	

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PTO/SB/31 (10-00)

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RECEIVED NOTICE OF APPEAL FROM THE EXAMINER TO THE **BOARD OF PATENT APPEALS AND INTERFERENCES** <u>CENTRAL FIX CENTER</u> CERTIFICATE OF MALING In re Application of NOV 310 2005 Matthlas BRATZ I hereby certify that this correspondence is being Application Number Filed deposited with the United States Postal Service with sufficient postage as first class mail in an 10/043,241 January 14, 2002 envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or transmitted via facsimile to Fax No. 571-Solid Mixtures Based on Sulfonylureas and Adjuvants 273-8300 on November 30, 2005. Group Art Unit Examiner 1616 QAZI, Sabha Naim Stonature: Hodense Chlemen Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated. August 30, 2005, rejecting the following claims: 6-7 and 19-23 The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u>. Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: 00000019 1004324 12/01/2005 TL0111 A check in the amount of the fee is enclosed. 500.00 OP 01 FC:1401 Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 14-1437. I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this

I am the □ spplicant/Inventor.

assignee of record of the entire interest. See 37 CFR 3.71.

form. Provide credit card information and authorization on PTO-2038.

Statement under 37 CFR 3.73(b) is enclosed. attorney or agent of record.

attorney or agent acting under 37 CFR 1,34(a).

Registration number if acting under 37 CFR 1.34(a). 42,205.

Jason D. Voight

Typed or printed name

November 30, 2005

Date

NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.